PATE	NT APPLICAT	ION FEE	DETERN	AINIATION E		NDO.	Vhhiic	auon	or DC	ckel N	umbe r
PATENT APPLICATION FEE DETERMINATION REC Effective October 1, 2000						10707271					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL	ENTIT		~ ·		RTHAI
TOTAL CLA	MMS					RAT			OH .		LENTIT
FOR		NUMB	ER FILED	NUMBER EXTRA		BASIC			_	RATE ASIC FE	1
TOTAL CHARGEABLE CLAIMS		11	minus 20=	•				1 500.00 OH			E 710.0
INDEPENDENT CLAIMS		1 2	minus 3 =	*		. X\$ 9			OR		
MULTIPLE DE	PENDENT CLAIM	PRESENT	1			X40=	-	OR		X80=	
* If the differe	Price in column 1 :	0 loos than	less than zero, enter "0" in column 2			+135=	= '	. (OR +270=		1
					2	TOTAL	-		OR T	OTAL	
	CLAIMS AS (Column 1)	AMENDE			0)	CALAL	LEATER		_ (OTHER	THAN
4	, CLAIMS REMAINING		(Colum	ST		SMAL	L ENTIT		RS	MALL	ENTITY
Total Independen	AFTER AMENDMENT		PAID F	JSLY EXTE		RATE	TION	AL	F	RATE	ADDI TIONA FEE
Independer	1. //	Minus	1.70	=		X\$ 9=].	0	RD X	\$18=	
<i>~</i>	SENTATION OF M	Minus ULTIPLE DI	EPENDENT C	LAIM [X40=		10	R X	280=	
	•				<u>'i</u>	+135=	1.2	OF	7 +2	270=	
•	. `					TOTAL ADDIT, FEE		. OF	`—	TOTAL	
The state of the s	(Column 1)		(Column		n 3)	AUDII. FEE			`_ADDI	T. FEE	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R PRESEN		RATE	ADDI- TIONAI FEE		R/	ATE	ADDI- TIONAL
Total	X	Minus	**	=		X\$ 9=		٦,,	Y¢	18=	FEE
Independent		Minus	***	=		X40=		OR	\		
FIRST PRES	SENTATION OF MU	LTIPLE DE	PENDENT CL	AIM 🔲		740=		OR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30=	
· ·	• •				·	+135=		OR	+27	70=	
٠.						TOTAL ADDIT. FEE		OR	ADDIT	OTAL . FEE	
	(Column 1)	জান্ধ হ' <u>বুল</u> বুলুকু	(Column		3)					•	•
Total Independent	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSI PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RA [*]	TE 1	ADDI- IONAL FEE
Total	1	Minus	** .	=		X\$ 9=		OR	X\$1	8=	<u> </u>
Independent		Vinus .	***		_	X40=	•		X80		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		OR		-	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."					Ŀ	+135=	<u></u>	OR	+270		<u> </u>
If the "Highest Nu	imber Previously Paid imber Previously Paid nber Previously Paid F	FOR IN THIS	SPACE is less	than 20, enter "2		DDIT, FEE		OR A	ADDIT I	TAL FEE	
PTO-875	•			<u> </u>				m cort	ana 1.		
3/00)					Paten	l and Tradema	k Office 41	DEDA	DTMEN	TOFCO	MMERCE

Application of Docket Number